

# PROVIDER NETWORK CONTRACTING ENTITY REGISTRATION FORM

Provider Network Contracting Entity must provide the following information to TDI at [MCQA@tdi.texas.gov or by mail to Managed Care Quality Assurance Office, Financial Regulation Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104, Austin, Texas 78714-9104.] .

1. All names used or that will be used by the provider network contracting entity, including any name under which the contracting entity intends to engage or has engaged in business in Texas:

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2. Provider network contracting entity's headquarters mailing address:

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3. Provider network contracting entity's headquarters main telephone number:

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4. Provider network contracting entity's primary contact name:

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5. Provider network contracting entity's primary contact telephone number:

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6. As required under Insurance Code §1458.052(b), the disclosure must include a description or a copy of the applicant's basic organizational structure documents and a copy of organizational charts and lists that show:

- (1) the relationships between the contracting entity and any affiliates of the contracting entity, including subsidiary networks or other networks; and
- (2) the internal organizational structure of the contracting entity's management.